## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED **DOCUMENT # 563697** Mar 02, 2000 8:00 am 1. Entity Name **Secretary of State** DELRAY EYE ASSOCIATES, P.A. 03-02-2000 90112 008 \*\*\*150.00 Mailing Address Principal Place of Business 16201 SOUTH MILITARY TRAIL 16201 SOUTH MILITARY TRAIL DELRAY BEACH FL 33484-6503 DELRAY BEACH FL 33484 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1808240 Not Applicable Country \$8.75 Additional Zìp Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LITINSKY, STEVEN M Street Address (P.O. Box Number is Not Acceptable) 16201 S MILITARY TRAIL DELRAY BEACH FL 33484 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition **PSD** ☐ Delete TITLE TITLE LITINSKY, STEVEN M NAME NAME STREET ADDRESS STREET ADDRESS 16201 S MILITARY TRAIL CITY-ST-ZIP CITY-ST-ZIP DELRAY BCH, FL 00000 ☐ Addition ☐ Change ☐ Delete TITLE TITLE SNYDER, DAVID A NAME STREET ADDRESS STREET ADDRESS 16201 S MILITARY TRAIL CITY-ST-ZIP CITY-ST-ZIP DELRAY BCH, FL 00000 ☐ Change Addition ☐ Delete TITLE ROSENFELD, STEVEN I. NAME NAME STREET ADDRESS STREET ADDRESS 16201 S MILITARY TRAIL CITY-ST-ZIP CITY-ST-ZIP DELRAY BCH FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME JAN W. KRONISH NAME STREET ADDRESS 16201 S. MILITARY TRAIL STREET ADDRESS CITY-ST-ZIP DELRAY BCH FL CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNACIONE DE DESCRIPCIONE DE SIGNING OFFICE OR DIRECT

1/27/00

561-498-8100

Daytime Phone #